


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra S. McWham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S83567 (5) 1. Corporation Name MULTIOPTION CORPORATION					
Principal Place of Business 10118 S.W. 148TH PLACE MIAMI FL 33186-2972			Mailing Address 10118 S.W. 148TH PLACE MIAMI FL 33186-2972		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/30/1991 3a. Date of Last Report 04/26/1996 4. FEI Number 65-0293459 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOPEZ, JUAN C. 10118 S.W. 148TH PLACE MIAMI FL 33186				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	LOPEZ, RAUL				
STREET ADDRESS	10118 SOUTHWEST 148 PLACE				
CITY-ST-ZIP	MIAMI FL				
TITLE	DM	<input type="checkbox"/> DELETE			
NAME	LOPEZ, JUAN C.				
STREET ADDRESS	10118 SOUTHWEST 148 PLACE				
CITY-ST-ZIP	MIAMI FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	LOPEZ, JOSE				
STREET ADDRESS	10118 SW 148 PL				
CITY-ST-ZIP	MIAMI FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	LOPEZ, LORENA				
STREET ADDRESS	10118 SOUTHWEST 148 PLACE				
CITY-ST-ZIP	MIAMI FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	LOPEZ, MARIA				
STREET ADDRESS	10118 SOUTHWEST 148 PLACE				
CITY-ST-ZIP	MIAMI FL				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	LOPEZ, ALFONSO D.				
STREET ADDRESS	10118 S.W. 148 PLACE				
CITY-ST-ZIP	MIAMI, FL. 33186				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.					
SIGNATURE: LOPEZ JUAN CARLOS DM 2-18-97 (305) 2654817					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)